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**California Department of Mental Health (DMH)**

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**State and County Disaster Response Infrastructure:**

DMH devotes a full-time Disaster Assistance Coordinator (DAC) to help coordinate disaster preparedness, response and recovery. The DAC works with each county mental health department's disaster coordinator and his/her alternate. These representatives are on call 24 hours a day to respond to disasters. County crisis counseling intervention phone numbers can be found on the DMH Web site at [www.dmh.cahwnet.gov](http://www.dmh.cahwnet.gov).

**Federal Emergency Management Agency Crisis Counseling Program (FEMA CCP):**

After a presidential disaster area declaration, funding is available from FEMA to provide disaster mental health services to affected counties. Services are available to the entire disaster affected population. If a county or multiple counties request FEMA CCP, the DAC consolidates the request in one application that will be submitted via the Office of Emergency Services (OES) to FEMA. When the funding is approved, county mental health departments implement the FEMA CCP.

Two grant programs are available:

- The Immediate Services Program (ISP) is available for up to 60 days.
- The Regular Services Program (RSP) follows the ISP and is available for up to nine months following a disaster if extended services are warranted. Both programs can be extended.

**History of Natural Disasters in California:**

Since 1989 there have been 18 presidential declared natural disasters in California. Most disasters strike multiple counties so a multi-county application for funding is submitted by DMH on behalf of the affected counties. Types of natural disasters have included firestorms, floods, earthquakes, freeze damage, winter storm damage and civil unrest. In cases of terrorism, if a president declares a disaster, FEMA CCP is implemented.

**Types of Services Offered Under FEMA CCP:**

The main goal of FEMA CCP is to restore disaster victims to a pre-disaster state by reducing trauma, identifying normal post-traumatic stress disorder reactions and intervening or referring victims for additional services. A traditional psychotherapeutic model is not used in order to avoid a "mental health" stigma. Service offered include:

- Crisis counseling – individual and group.
- Outreach - face-to-face contact with survivors in their natural environment (neighborhoods, churches, community centers, schools, etc.) to provide disaster-related crisis counseling services.
- Education and information - distribute flyers and brochures to impacted persons or to churches/synagogues, grocery stores, schools and businesses. Hold community forums and meetings with impacted groups and local government. Provide information to survivors on available disaster services, such as FEMA Tele-Registration, Red Cross, Salvation Army

and interfaith disaster recovery services. Provide an overview of the key concepts of disaster mental health to work teams, first responders and interested members of the public.

- Screening and referral - assessing the need for disaster mental health services.
- Referral to long-term, more formal mental health treatment.
- Referral to other disaster service agencies.
- Individual contact with community leaders and public officials.

**Staffing Approach Under FEMA CCP:**

Resources are often combined to team clinically trained staff (psychologists, LCSW, MFT, interns, psychiatric nurses and public health nurses) with non-clinical staff, such as community leaders, victim service personnel, peer counselors and indigenous people in the community, to provide services. There is a high degree of training offered before teams “hit the street.”

An active community outreach approach is used to reach people in their own environment and in places where groups of people congregate. Outreach workers may go door-to-door canvassing neighborhoods; attend local meetings; offer debriefing services to groups, schools and first responder personnel; speak at churches and community groups or agencies; and visit skilled nursing homes and other facilities to meet with disaster victims.

**Additional Potential Federal Funding:**

In individual cases when a significant public emergency or mass casualty event occurs (e.g., the Washington D.C. sniper shootings), DMH may access federal funds for emergency response and recovery through the Substance Abuse and Mental Health Services Administration via a grant process. This program would also be administered in conjunction with county mental health departments.

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